


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2006 8:00 am
Secretary of State

04-03-2006 90404 046 ****61.25

| | | | |
|---|--|--|---|
| DOCUMENT # N9300005470 | |  | |
| 1. Entity Name THE ST. JAMES AFRICAN METHODIST EPISCOPAL CHURCH OF MIAMI, INC. | | | |
| Principal Place of Business 1845 NW 65TH STREET MIAMI FL 33147 | | Mailing Address 1845 NW 65TH STREET MIAMI FL 33147 | |
| 2. Principal Place of Business Same as above | | 3. Mailing Address Same as above | |
| City & State Same as above | | City & State Same as above | |
| 4. FEI Number 59-1358321 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVIS, JAMES H 1845 NW 65TH ST MIAMI FL 33147 | | 7. Name and Address of New Registered Agent Name Benny L. Johnson Street Address (P.O. Box Number is Not Acceptable) 1845 NW 65th Street City Miami FL 33147 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE <i>Benny L. Johnson</i> | | DATE <i>May 1, 2006</i> | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T/T SPARKS, LOUIS 1845 NW 65TH STREET MIAMI FL 33147 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | ST FLOYD, ROBIN C/O 1845 NW 65TH STREET MIAMI FL 33147 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | CT/P DAVIS, JAMES H 1845 NW 65TH STREET MIAMI FL 33147 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | CT/P- Benny L. Johnson 1845 NW 65th Street Miami, Florida 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T PLUMMER, JAMES L 2130 NW 107TH STREET MIAMI, FL 33187 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered. | | | |
| SIGNATURE: <i>Louis Sparks</i> | | DATE: <i>04/13/06</i> (305) 693-4083 | |